AGENDA

▪ Science & Media Update
▪ Behavioral Health Update
▪ NM COVID-19 Update
▪ Public Health Reopening Gating Criteria for New Mexico

*Joined by Special Guest Neal Bowen, Ph.D. Director, Behavioral Health Services Division, NM Human Services Department*
COVID-19 SCIENCE & MEDIA UPDATE
NATIONAL SAFETY COUNCIL: NEW MEXICO LEADS THE PACK IN STATE ACTIONS TO ADDRESS PANDEMIC

12 states received "on-track" rating: NM, NY, CA, RI, WA with highest overall ratings. Council assessed states’ efforts in 5 COVID-19 response areas:

- **Employer guidelines**: Providing clear, comprehensive guidelines to employers will ensure they can keep staff and customers safe.

- **Testing**: Conducting sufficient testing for public and employers will quickly identify and quarantine people with coronavirus, reducing risk of exposure.

- **Contact tracing**: Identifying people potentially exposed to (and potentially infected by) coronavirus so they can self-quarantine before they spread virus in community.

- **Mental health and substance use**: Ensuring access to necessary treatments, including behavioral health and substance use disorder treatment through telehealth, supports people’s mental health and wellbeing.

- **Roadway safety**: Increasing motor vehicle crash fatalities is unforeseen consequence of pandemic, and continued focus on improving road safety is needed.
WHITE HOUSE ANNOUNCES PLAN TO SHIP 150 MILLION RAPID CORONAVIRUS TESTS

- BinaxNOW manufactured by Abbott Laboratories; FDA issued Emergency Use Authorization in August.
- BinaxNOW cleared only for individuals suspected of COVID-19 by their healthcare provider within first 7 days of symptom onset and must be administered by, or in presence of, a trained health care professional.
  - Sensitivity (Positive Percent Agreement): 97.1%; Specificity (Negative Percent Agreement): 98.5%
- Negative results do not rule out SARS-CoV-2 infection and should not be used as sole basis for treatment or patient management, including infection control.
- Testing limited to labs certified under Clinical Laboratory Improvement Amendments (CLIA) that meet requirements to perform high, moderate, or waived complexity tests.
- Unclear how many tests NM will receive and when.
CDC examined changing age distribution of COVID-19 pandemic in U.S. during May–August by assessing:
- COVID-19–like illness-related emergency department (ED) visits
- Positive reverse transcription–polymerase chain reaction (RT-PCR) test results for SARS-CoV-2
- Confirmed COVID-19 cases

Nationwide median age of COVID-19 cases declined from 46 years in May to 37 in July and 38 in August.

Similar patterns were seen for COVID-19–like illness-related ED visits and positive SARS-CoV-2 RT-PCR test results in all U.S. Census regions.

During June–August, COVID-19 incidence highest in persons aged 20–29 years (>20% of all confirmed cases).
CASE-CONTROL STUDY OF USE OF PERSONAL PROTECTIVE MEASURES AND RISK FOR SEVERE ACUTE RESPIRATORY SYNDROME

EMERGING INFECTIOUS DISEASES

- Retrospective case-control study of 1,050 asymptomatic people in 3 large COVID-19 clusters in Thailand between March and April 2020.
- People who had contact with COVID-19 index patients questioned on mask wearing, social distancing, and hand hygiene.
- 211 tested positive for SARS-CoV-2 and classified as cases, while 839 never tested positive and classified as controls.
- Low adjusted odds ratios (aOR) for developing COVID-19 among those who maintained ≥1m distance from a contact (aOR 0.15) and who frequently washed hands (aOR 0.33).
- Always wearing a mask more protective than sometimes wearing a mask (aOR 0.23 vs aOR 0.78, respectively).

** p-value <0.01, * p-value<0.05.
CMS ISSUES URGENT CALL TO ACTION FOLLOWING DRASTIC DECLINE IN CARE FOR CHILDREN IN MEDICAID AND CHILDREN’S HEALTH INSURANCE PROGRAM DUE TO COVID-19

- CMS analysis reveals that compared to March-May 2019:
  - 22% fewer (1.7 million) vaccinations received by beneficiaries up to age 2;
  - 44% fewer (3.2 million) child wellness screenings; and,
  - 69% fewer (7.6 million) dental services.

- Although vaccination rates are increasing, number of vaccines administered so far have yet to make up for large decline earlier in the year.

- Potential for increased outbreaks of infectious disease due to decreased vaccinations is real, and can result in decreased school attendance and learning, and increased illness.

- Medicaid and CHIP cover nearly 40 million children, including 75% of children living in poverty and many with special healthcare needs.

- As of September, NM Medicaid:
  - Serves 40% of all New Mexicans (869,000 beneficiaries in June 2020);
  - 43% of beneficiaries are children;
  - 56% of NM children are enrolled in Medicaid;
  - 72% of all births in NM are covered by Medicaid; and,
  - 6.7% enrollment growth since 3/20/20.

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Preliminary data show vaccinations among beneficiaries up to age 2 declined through April, started to level in May, but are still substantially lower than prior years’ rates

Vaccination rates among beneficiaries up to age 2 dropped from nearly 700 vaccinations per 1,000 beneficiaries in January 2020 to about 460 vaccinations per 1,000 beneficiaries in May 2020.

~22% fewer (1.7 million) vaccinations for children up to age 2 between March through May 2020, compared to March through May 2019.

Preliminary data show the number of child screening services declined substantially through April, started to rise in May, but is still substantially lower than prior years’ rates.

Screening rates among children dropped from nearly 68 screens per 1,000 beneficiaries to a low of 28 screens per 1,000 beneficiaries in April, back up to 35 screens per 1,000 beneficiaries in May.

~44% fewer (3.2 million) child screening services between March through May 2020, compared to March through May 2019.

Preliminary data show the number of dental services for children declined through April, started to rise in May, but are still substantially lower than prior years’ rates.

Dental service rates among children dropped from nearly 100 services per 1,000 beneficiaries to a low of 7 services per 1,000 beneficiaries in April, back up to 31 screens per 1,000 beneficiaries in May.

~69% fewer (7.6 million) dental services between March through May 2020, compared to March through May 2019.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.
Preliminary data show delivery of any services via telehealth to children increased by over 2,500% from February to April 2020


Notes: These data are preliminary. Data are sourced from the T-MIS5 Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. To highlight the rapid increase in telehealth, results are only presented for the month of April. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.
MEDICAID WELL CHILD VISIT & IMMUNIZATION CAMPAIGN

- Vaccination compliance down by 17% for NM Medicaid.
- HSD is reaching out to parents/caregivers of babies 15 months old and younger to keep babies up to date with their vaccines as well schedule well-child visits.
- As of 8/20/20, the campaign sent/made:
  - 26,633 text messages
  - 1,614 emails
  - 1,800 calls
DON’T DELAY YOUR HEALTHCARE!

- COVID-19 pandemic resulting in increased anxiety, depression, insomnia, and psychological distress as well as increased prevalence and severity of substance use.
- (45%) of adults in U.S. reported their mental health negatively impacted due to worry and stress over the virus.
- High rates of anxiety, depression, and post-traumatic symptoms in children.
- In New Mexico, 19% of adults experience mental illness; and, as of 2018, highest suicide rate in nation (25.0 per 100,000).
  - Over 60% of adults with moderate mental illness and over 30% of adults with serious mental illness in past year did not receive treatment.
NM SUICIDAL IDEATION & SUICIDE ATTEMPT EMERGENCY DEPARTMENT VISITS & OVERALL EMERGENCY DEPARTMENT VOLUME, DECEMBER 2019- SEPTEMBER 2020. SOURCE, NMDOH

Suicidal Ideation and Suicide Attempt ED visits (w/ overall ED volume)

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During late June, 40% of U.S. adults reported struggling with mental health or substance use:

<table>
<thead>
<tr>
<th>Anxiety/Depression Symptoms</th>
<th>31%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma/Stressor-Related Disorder Symptoms</td>
<td>26%</td>
</tr>
<tr>
<td>Started or Increased Substance Use</td>
<td>13%</td>
</tr>
<tr>
<td>Seriously Considered Suicide</td>
<td>11%</td>
</tr>
</tbody>
</table>

Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020.
In the 30 days prior to survey for stress and coping strategies: bit.ly/dailylifecoping
COVID-19 RISK AND OUTCOMES IN PATIENTS WITH SUBSTANCE USE DISORDERS (SUD): ANALYSES FROM ELECTRONIC HEALTH RECORDS IN THE U.S.

- Retrospective case-control study of EHRs of 73,099,850 unique patients, of whom 7,510,380 patients with a SUD diagnosis. 12,030 had a diagnosis of COVID-19.

- Patients with diagnosis of SUD (within past year) at significantly increased risk for COVID-19 (adjusted odds ratio or aOR = 8.699) an effect strongest for individuals with OUD (aOR = 10.244), followed by individuals with tobacco use disorder (aOR = 8.222).

- Patients with SUD had significantly higher prevalence of chronic kidney, liver, lung diseases, cardiovascular diseases, type 2 diabetes, obesity and cancer.

- Black Americans with SUD had significantly higher risk of COVID-19 than White Americans, and also had worse outcomes (death and hospitalizations).

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**Fig. 1 a** Risk associations of recent (diagnosis made in the last year) SUD diagnoses (and its subtypes) with COVID-19; **b** Risk associations of lifetime (diagnosed in the last year or prior) SUD diagnoses (and its subtypes) with COVID-19. SUD substance use disorder, AUD alcohol use disorder, Cocaine-UD cocaine use disorder, CUD cannabis use disorder, OUD opioid use disorder, TUD tobacco use disorder. Subtypes without sufficient sample sizes for COVID-19 cases are not shown.
COVID-19 IMPACT

- Depression, Anxiety, Trauma
- Loneliness
- Domestic Violence
- Young adults, women, precarious work situation struggle more
- Marginalized groups doing worse
- Effects compounded by racism
Rates of mental health symptoms unchanged since early summer, health disparities persist

- Those 65 and older less likely than those age 18-34 to experience nearly all symptoms, including headaches (16% vs. 53%), crying (24% vs. 51%), and feeling dazed (10% vs. 29%).

- Women more likely than men to say since start of the pandemic they have cried (53% vs. 21%) and felt more tired than usual (54% vs. 39%).

- Those with a high school degree or less more likely than those with some college education and those with a college degree to have felt dizzy (29% vs. 21% vs. 17%).

- 50% of respondents watch, read, or talk about COVID-19 often or most of the time, whereas 35% do so occasionally, and 14% never or rarely do so.

- People who frequently watch, read, or talk about COVID-19 more likely than those who rarely or never do so to show higher rates of nearly all symptoms.

Feeling lack of companionship some of the time or often during first 3 months of the pandemic more common among:
- women (47% vs. 35% of men)
- people who lived alone (50% vs. 39% who lived with others)
- those who were unemployed, disabled, or not working (52% vs. 39% of those employed or retired)

Older adults connecting with family or friends using social media (70%) and video chat (57%). Yet those who used social media more likely to report feeling isolated than those who did not (58% vs. 51%).

Older adults who interacted with people in their neighborhood or spent time outdoors at least a few times per week less likely to feel lonely.
SUICIDE

- Prevalence rising in US from 2000
  - 13/100,000 in US
- New Mexico 22.9/100,000
- Nordt, et al. estimate 20% of suicides worldwide are attributable to unemployment
Preliminary data show outpatient mental health services for children declined through May. Telehealth increased starting in March, but not enough to offset this decline.

Outpatient mental health service rates among children dropped from nearly 138 services per 1,000 beneficiaries in January 2020 to about 58 services per 1,000 beneficiaries in May 2020, including telehealth visits.

~44% fewer (6.9 million) outpatient mental health services between March through May 2020, compared to March through May 2019, accounting for telehealth visits.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

ADDRESSING ACCESS TO CARE DURING PANDEMIC

UNIQUE RURAL TELEHEALTH USERS

- Fewer no shows
  - Transportation
  - Single parents
  - Reduced anxiety
- Clients more forthcoming
- More completion of Intensive Outpatient
- More involvement of family

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NMCRISIS AND ACCESS LINE: CALL TOLL FREE ANYTIME 24/7/365 1-855-NMCRISIS (662-7474)

If you are having a life-threatening emergency, call 911 immediately.

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COVID-19 IN NM UPDATE
SEPTEMBER 29, 2020 COVID-19 CASE UPDATE

Positive Cases
178 new cases today, 29,157 total confirmed cases

Hospitalizations
80 currently, 14 on ventilators

Deceased
2 new deaths today, 875 deaths total

914,986 total tests conducted statewide
7-Day Average of Daily COVID-19 Positive Cases by Date of Specimen Collection, NMDOH Regions 9/29/2020

Source: New Mexico Department of Health
There is a 6-day lag in case reporting

Number of Cases 1 6,499

San Juan* 3,336
Rio Arriba* 399
Taos* 144
Colfax* 36
Union* 31
Mora 7
Santa Fe 1,014
Los Alamos 33
Santa Fe 1,014
San Miguel 100
Guadalupe* 34
Quay 74
Curry* 801
De Baca 1
Torrance 74
Roosevelt* 282
Chaves* 1,164
Lincoln* 211
Eddy* 826
Lea* 1,414
Doña Ana* 3,362
Otero* 264
Sierra* 46
Socorro* 105
Grant* 124
Luna* 420
Catron* 9
Hidalgo* 99

Total Cases: 27,606
Total Deaths: 873

Source: New Mexico Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

Number of New Cases 1 445

San Juan* 92
Rio Arriba* 25
Taos* 19
Colfax* 12
Union 1
Mora 1
Santa Fe 110
Los Alamos 34
Santa Fe 110
San Miguel 15
Guadalupe* 39
Quay 5
Curry* 77
De Baca 1
Torrance 9
Roosevelt* 51
Chaves* 206
Lincoln 34
Socorro 27
Sierra 7
Grant 26
Doña Ana* 327
Otero* 26
Eddy* 203
Lea* 154
Luna* 49
Catron 1

New Cases: 2,129
New Deaths: 50

Source: New Mexico Department of Health. * denotes new death occurred in county. Excludes cases in federal and state detention facilities.
NM COVID-19 Confirmed Cases by Age as of 9/28/20 (%)

Percent of All COVID-19 Cases

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>5.2%</td>
</tr>
<tr>
<td>10-19</td>
<td>10.9%</td>
</tr>
<tr>
<td>20-29</td>
<td>19.9%</td>
</tr>
<tr>
<td>30-39</td>
<td>18.1%</td>
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<tr>
<td>40-49</td>
<td>15.4%</td>
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<tr>
<td>50-59</td>
<td>13.4%</td>
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<tr>
<td>60-69</td>
<td>9.1%</td>
</tr>
<tr>
<td>70-79</td>
<td>4.5%</td>
</tr>
<tr>
<td>80+</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Source: NM Department of Health
Excludes unknown age

NM COVID-19 Deaths by Age as of 9/28/20 (%)

Percent of All COVID-19 Deaths

<table>
<thead>
<tr>
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<tr>
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<td>10-19</td>
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</tr>
<tr>
<td>20-29</td>
<td>5.0%</td>
</tr>
<tr>
<td>30-39</td>
<td>5.2%</td>
</tr>
<tr>
<td>40-49</td>
<td>11.8%</td>
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<tr>
<td>50-59</td>
<td>18.4%</td>
</tr>
<tr>
<td>60-69</td>
<td>22.2%</td>
</tr>
<tr>
<td>70-79</td>
<td>36.4%</td>
</tr>
<tr>
<td>80+</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Source: NM Department of Health
Excludes unknown age
NM COVID-19 Daily Cases by Specimen Collection Date, Hospitalizations, and Deaths
7 Day Rolling Average

Cases & Hospitalizations
Deaths

Hospitalizations
Cases
Deaths

152
71
3
Percentage of Persons Tested for SARS-CoV-2 by Age Group, New Mexico

Persons (unduplicated by PATIENT_ID) tested as a percentage of the population. Inmates in state and federal corrections and detention centers excluded. Data reported through: 9/27/2020, 2:15 PM.
Percentage of Persons Tested for SARS-CoV-2 by Age Group and Sex, New Mexico

Persons (unduplicated by PATIENT_ID) tested as a percentage of the population. Inmates in state and federal corrections and detention centers excluded. Data reported through: 9/27/2020, 2:15 PM.
REMDESIVIR AVAILABILITY FOR TREATMENT OF COVID-19

There is no longer a scarcity of Remdesivir. Effective October 1\textsuperscript{st}, Federal and State governments will cease Remdesivir allocation and purchasing control.

Will Amerisource continue to be the sole distributor of Remdesivir?
Yes. Amerisource will remain the sole distributor of Remdesivir at least until the end of 2020.

Will there be any price changes?
Remdesivir prices will remain the same.

How will hospitals purchase Remdesivir?
Hospitals can order Remdesivir through Amerisource online portal beginning October 1\textsuperscript{st} just as they do with any other prescription. There is no special ordering process.

Will there be quantity limits on Remdesivir purchases?
There will be no quantity limits on Remdesivir purchasing. There is an adequate supply of Remdesivir.

Current Remdesivir Inventory and Previous Day Remdesivir Vials Used will continue to be a HHS Teletrack Datapoints after October 1\textsuperscript{st}. 

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Mean Miles Traveled in New Mexico

Source: Descartes Labs

Pre-COVID-19 Mean Miles Traveled
GATING CRITERIA UPDATE
## STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Measure</th>
<th>Gating Target</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spread of COVID-19</td>
<td>Rate of COVID-19 Transmission (10-day Rolling Average)</td>
<td>1.05 or less</td>
<td>1.25 on 9/28/20</td>
</tr>
<tr>
<td></td>
<td>NM daily cases (7-day rolling average)</td>
<td>168</td>
<td>152 on 9/23/20</td>
</tr>
<tr>
<td>Testing Capacity: general and targeted populations*</td>
<td>Number of tests per day (7-day rolling average)</td>
<td>5,000 / day</td>
<td>6,117 on 9/27/20</td>
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<tr>
<td></td>
<td>Test Positivity Rate (7-day rolling average)</td>
<td>5.0% or less</td>
<td>2.98% on 9/27/20</td>
</tr>
<tr>
<td>Contact Tracing and Isolation Capacity</td>
<td>Time from positive test result to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- isolation recommendation for case</td>
<td>24 hrs</td>
<td>Week ending 9/25 = 20</td>
</tr>
<tr>
<td></td>
<td>- quarantine rec. for case contacts</td>
<td>36 hrs</td>
<td>Week ending 9/25 = 23</td>
</tr>
<tr>
<td>Statewide Health Care System Capacity</td>
<td>Availability of scarce resources in 7 Hub Hospitals:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Adult ICU beds occupied</td>
<td>439 or less</td>
<td>233 on 9/29/20</td>
</tr>
<tr>
<td></td>
<td>- PPE</td>
<td>7-day supply</td>
<td>7 on 9/26/20</td>
</tr>
</tbody>
</table>

*asymptomatic employees at high-risk sites, vulnerable populations, essential workers, congregate settings

**ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS**
HOW WE REOPEN SAFELY

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Notes: If a 🧮 is next to a state it indicates a state-wide mandated mask policy for indoor AND outdoor settings. For detailed definitions see: https://www.covidexitstrategy.org/definitions-and-criteria

Table: covidexitstrategy.org • Source: Multiple Sources (NYT, COVID Tracking Project, rt.live, ILI, CDC) • Get the data • Created with Datawrapper
GET TESTED FOR COVID-19

NMDOH strongly encourages the following groups to get tested for COVID-19:

- Symptomatic people (e.g. cough, fever, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or loss of taste or smell);

- Asymptomatic people who are close contacts or household members of people who already tested positive and are in their infectious period;

- Asymptomatic people who live or work in high-risk congregate settings such as long-term care facilities, detention centers and correctional facilities; and,

- Patients who are scheduled for surgery and whose provider has advised them to get tested before the procedure.

NMDOH does not recommend antibody testing to determine if someone is infected with, or protected from getting, COVID-19.

COVID-19 Average Daily Case Rates by Test Positivity, New Mexico Counties, September 2 - September 15, 2020
WE MUST CONTINUE TO MOVE SLOWLY...

Nothing about the virus has changed!

- **SAFE** reopening can only proceed if New Mexicans pull together to prevent spread
- To get and keep our children back *in* school, *all of us* need to wear masks and stay 6 feet apart

WE ARE SEEING AN ALARMING RISE IN CASES. CONTACT TRACING IS WORKING. WE ALL STILL MUST WORK TO FIGHT THE VIRUS.

Stay at home
Wash hands, clean surfaces, cough into tissue/elbow
**Everyone** needs to wear face coverings in public
Maintain social distancing (minimum 6 feet)